

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107516354 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	
1	1				
2	1				
3					
4	1				
5					
6	2				
7	1	1			
8	1	1			
9					
10	1				
11	1				
12	1				
13	1				
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49					
50					
TOTAL IND.	3				
TOTAL DEP.	29				
TOTAL CLAIMS	32				

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS